



TLS Submittal For Evaluation Form
Washington State Gambling Commission
Electronic Gambling Lab

4565 7th Ave SE
Lacey, Washington 98503
Phone 360-486-3504
Fax 360-486-3627

Submission #

(For EGL Purposes Only)

Mailing Address
PO Box 42400
Olympia, WA 98504-2400

Manufacturer:	Submission Name:	Unique Manufacturer Identification

Check One That Applies:

☐ Submission will replace existing approved component or game.

☐ Replacement for an already submitted but not approved submission.

What is the submission #? _____

☐ Emergency

☐ **Others W/Patent or Financial Interest in Game:**

List below, use additional sheets if necessary.

DESCRIPTION

Contact Information:

Contact Name	Phone	Fax	Email

Note: To expedite the evaluation of this submission be sure this form is filled out in its entirety AND include all software, hardware, and any related components.